



Universities of Plymouth, Manchester, London and Birmingham
PCT Commissioning Practice and Health System Governance
Interview Schedule: Commissioning Organisation

Instructions to interviewer

Instructions to interviewers are in *italics*

Before starting interview:

- 1. Check interviewee has seen PIS.*
- 2. Invite interviewee to ask any questions about the research and what is expected of him/her.*
- 3. Ask interviewee to sign consent form (two copies: one for interviewee, one for researchers).*
- 4. Ask permission to audio-record.*
- 5. Offer interviewee opportunity to see and correct transcript.*

Checklist of topics

Interviewer to select ad hoc which of these to pursue with particular individual informants, according to what appears relevant to the informant's role, the nature of the particular study organisation and what data are already available to the researchers.

Informant's role

- 1. What are the main health services which [organisation name] provides, and who commissions each of them?*
- 2. What is the division of labour for commissioning in [organisation name]? Who does what, and why is the work allocated that way?*

3. How does *[organisation name]* make decisions about priorities in commissioning? Can you give some examples of how this has worked in practice in the past year?
4. In respect of its commissioning work, how would you describe the organisational culture or climate of *[organisation name]*?
5. During the last year, what have been the main changes in the way these services have been commissioned?

Prompts:

- New tariffs or pricing?
- New forms of contract?
- New services or technologies now being commissioned?
- Different uses of evidence?
- Changed way of selecting provider(s)?
- Changed ways of monitoring provider performance?
- Practice-based commissioning (or equivalent)?
- Client-based commissioning (e.g. personal care budgets)?
- Others?

6. Specifically, has *[organisation name]* made any innovations in the way it commissions providers?

If so:

What innovations?

7. What do you think has caused these changes?

Prompts:

- New policies, laws or regulations?
- Changed epidemiology in the population served?
- New bodies of evidence?
- Provider activity or performance?
- Financial retrenchment?
- Other causes?

8. What part do clinicians play in commissioning at *[organisation name]*?

Prompts:

Contributing epidemiological or scientific evidence?

Suggesting priorities, models of care or new healthcare technologies?

Proposing outcome, safety or quality indicators or standards?

Liaison with providers?

Representing professional bodies or interests?

Other roles?

9. Does the clinicians' role differ according to their occupation (e.g. for doctors, nurses, AHPs etc.)?

10. In the last year, have there been any occasions on which clinicians took a different view on commissioning decisions than other members of *[organisation name]* did?

If so:

How was that difference resolved?

11. What roles do patients and the general public play in the commissioning activities of *[organisation name]*?

Prompts:

Representation in decision-making (at what levels? Through what mechanisms?)?

Through consumer ('market') research?

Through the political system or campaigns?

Through their choice of providers?

Complaints system (or ombudsman or similar)?

Other ways?

12. In the last year, have there been any occasions on which patients (or their representatives) took a different view on commissioning decisions than other

members of [*organisation name*] did?

If so:

How was that difference resolved?

13. Does [*organisation name*] directly manage any health services, i.e. does it employ clinicians or other staff of its own who provide care for patients?

If so:

In what ways (if at all) are these directly-managed services commissioned (in the sense that external providers are commissioned, as opposed to funded by budget)?

How are directly managed services and commissioned services coordinated, when that is necessary?

How does [*organisation name*] undertake its commissioning of (other) providers so as to accomplish this coordination?

14. How does the [*organisation name*] obtain advice and support for contract tendering and for assessing business cases? Does [*organisation name*] have in-house expertise in developing service specifications, meeting current legal, competition and regulatory requirements etc., or does it buy in that expertise?

Provider diversification: Selection

15. Which service providers do you have dealings with, as part of the commissioning process?

Prompts

Existing commissioned/contracted healthcare providers (which ones?)?

Potential new providers of healthcare (which ones?)?

Providers of services that are not healthcare but health related, e.g. social services/education/housing, others?

16. By what process does [*organisation name*] select new providers of health services?

Prompts

- Open competition (e.g. advertise for bids)?
- Closed competition (invite potential providers to bid)?
- Respond to provider enquiries?
- Registration of legally licensed providers?
- Other process (what?)?

17. By what criteria does [*organisation name*] select new providers of health services?

Prompts

- To provide new services not previously available in this territory?
- Quality of care (how defined?)?
- Cost (what unit(s) of pricing?)?
- Legal entitlement to be commissioned/reimbursed?
- Other criteria (what?)?

18. Can you describe an example of how a new provider has been selected recently (e.g. in the past year)?

Managing providers

19. What do the providers contribute to the service specifications that commissioners adopt? How is that done?

20. Through what processes does [*organisation name*] keep track of (monitor) its providers' activities, services and costs?

Prompts:

- By regular meetings/financial returns/written communications/site visits/asking patients/seeing patient records/electronic data exchange/informal contacts and networkings/through intermediaries (why? Which intermediaries?)/other ways?

How often?

Where?

Who are the main points of contact on either side?

21. What aspects of provider activities does *[organisation name]* keep track of (monitor)?

Prompts:

Health or clinical care outcomes (which ones)?

Quality of care (how defined?) and safety?

Costs to the commissioner?

Case mix, volume and timing of case loads?

Referrals to other providers?

Access (waiting times, availability of services or technologies)?

Feedback from patients and carers?

Quality of information and information flows to referrers and commissioners?

Other aspects (what)?

22. What sources of information about provider services does *[organisation name]* mainly rely on?

Prompts:

Materials that the providers provide?

‘Soft’ sources, for instance what clinicians and managers tell you informally?

Databases such as Dr Foster, DH databases?

Data from official bodies such as NICE, the Care Quality Commission, Audit Commission?

Other sources?

23. Are there any activities or services that *[organisation name]* finds hard to commission or to monitor?

Prompts:

New services?

High-technology or otherwise complex services?
Services with unpredictable (e.g. very low) levels of use?
Open-access services (e.g. A&E)?
Others?

24. How would you describe the relationship between *[organisation name]* and the providers it commissions?

Prompts:

Collaborative or adversarial?/Open or guarded?/Purely formal or with informal links and contacts also?/Other descriptions?

25. Have there been any disagreements or disputes between *[organisation name]* and any of its providers in the last year?

If so:

What were the disagreements or disputes about?

How were they resolved?

26. In such a disagreement or dispute, what means does *[organisation name]* have for resolving the matter in its favour?

Prompts:

Persuasion – appeal to policy? Appeal to evidence bases?

Technical solutions – e.g. better management information systems, billing systems or patient records?

Arbitrating disagreements within or between providers or professions?

Offering (or withdrawing) payments or other incentives?

Option of changing to a different provider?

Referring to the contract (and if necessary legal action)?

Other methods?

27. How do the providers respond to these activities? Can you describe any examples during the past year?

28. Do providers' responses differ in this respect?

If so:

Do public, commercial and voluntary organisations respond differently?

Do primary care, health promotion and secondary care organisations respond differently?

29. In your experience, do any of these activities appear more effective than the others in influencing the providers? Are any of these activities ineffective or counter-productive? Can you give an example of (in)effective procurement?

Specific care groups

According to the informant's role, apply the following questions to one of the following services and their providers: unplanned hospital admissions for people with chronic health problems OR mental health care OR prevention of diabetes and coronary heart disease.

30. Are there any specific characteristics of *[unplanned hospital admissions for people with chronic health problems OR mental health care OR prevention of diabetes and coronary heart disease]* that require a specially tailored approach to service commissioning?

31. What adaptations does *[organisation name]* make to the way it commissions services for *[unplanned hospital admissions for people with chronic health problems OR mental health care OR prevention of diabetes and coronary heart disease]*?

32. What specific activities or resources do you think would do most to improve the commissioning of services for *[unplanned hospital admissions for people with chronic health problems OR mental health care OR prevention of diabetes and coronary heart disease]*?

Provider contestability

33. On what criteria would [organisation name] decide to stop commissioning a healthcare provider?

Prompts

- Quality of care (how defined?) or safety?
- Patient or public complaints or objections?
- Cost (price level? Over-provision (in what sense?)?)
- Outmoded technology or models of care?
- Loss of legal entitlement to be commissioned/reimbursed?
- Other criteria (what?)?

34. By what process would [organisation name] stop commissioning a provider of health services?

Prompts

- Non-renewal of contract?
- Commissioner ends the contract unilaterally?
- New round of competitive bidding?
- Try to recruit alternative provider and route patients there?
- Other process (what?)?

35. Can you describe an example of how your organisation has stopped commissioning a provider recently (e.g. in the past year)?

Distributed commissioning

36. Apart from service providers, which external organisations do you have dealings with, for commissioning purposes?

Prompts:

- Other organisations involved in commissioning healthcare for the same population as your organisation serves?
- Non-healthcare organisations that commission health-related services (e.g. social services, local government, charities)?
- Regulatory or inspection bodies (e.g. NICE)?

Government (including local/*Land*/province/regional government [*depending on country*])?

37. How is the work of commissioning divided between these organisations (who does what?)?

38. How is commissioning activity coordinated between them?

Prompts:

By committee/regular meetings/planning system/financial systems/written communications/electronic data exchange/informal contacts/local networks/through intermediaries (why? Which intermediaries?)/other ways?

39. How would you describe the relationship between [*organisation name*] and these other commissioners?

Prompts:

Collaborative or adversarial?/Open or guarded?/Purely formal or with informal links and contacts also?/Other descriptions?

40. Have there been any disagreements or disputes between [*organisation name*] and any of these other commissioners in the last year?

If so:

What were the disagreements or disputes about?

How were they resolved?

41. In such a disagreement or dispute, what means does [*organisation name*] have for resolving the matter in its favour?

Prompts:

Persuasion – appeal to policy? Appeal to evidence bases?

Technical solutions – e.g. better management information systems, better planning data, common working procedures?

Arbitrating disagreements within or between organisations or

professions?

Offering (or withdrawing) payments or other incentives?

Other methods?

42. How do the other commissioners respond to these activities? Can you describe any examples during the past year?

43. What activities, resources or other changes do you think would make it easier for commissioners to collaborate and coordinate their activities, or make collaboration more productive?

Commissioning outcomes

44. How would you define or characterise ‘effective’ or ‘successful’ commissioning?

45. Can you describe any examples you have seen over the past year?

46. What conditions do you think produced those successes?

47. Can you describe any examples of ineffective commissioning, or commissioning failures, that you have seen over the past year?

48. What caused them?

Other aspects of commissioning

Finally, is there any other important aspect of commissioning in *[organisation name]* that we have not yet asked about?